

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/556903

FILING DATE

11-15-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		2				
8		2				
9		2				
10	1		1			
11	1		1			
12	1		1			
13						
14		1				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25	1		1			
26	1	1	1	1		
27	1		1			
28		1		1		
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48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						